

Charlotte Foot & Ankle Specialists  
2550 W. Arrowood Road, Suite 102  
Charlotte, NC 28273  
704-504-4000

**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

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Patient Name & Address: \_\_\_\_\_  
\_\_\_\_\_

*I have received a copy of the Notice of Privacy Practices for the above-named practice.*

\_\_\_\_\_  
Signature Date

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For Office Use Only

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We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices  
because:

- ☐ An emergency existed & a signature was not possible at the time.
- ☐ The individual refused to sign.
- ☐ A copy was mailed with a request for a signature by return mail.
- ☐ Unable to communicate with the patient for the following reason:

\_\_\_\_\_

- ☐ Other: \_\_\_\_\_

\_\_\_\_\_

Prepared By \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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